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ABSTRACT

The focus of the institute on the counseling process and teachers of multiply handicapped children was on children with at least one sensory, emotional, or physical impairment in addition to a visual handicap. The roles of the specialist and the teacher in the counseling process and the determination of the best educational placement for the child were considered. The multi-disciplinary approach to children with multiple handicaps was urged. Six case studies are presented for study, and observations and implications based on the case studies are noted. A summary and recommendations for further study and follow-up are included. (KW)

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THE COUNSELING PROCESS AND THE TEACHER OF CHILDREN WITH MULTIPLE HANDICAPS

A SUMMER INSTITUTE REPORT
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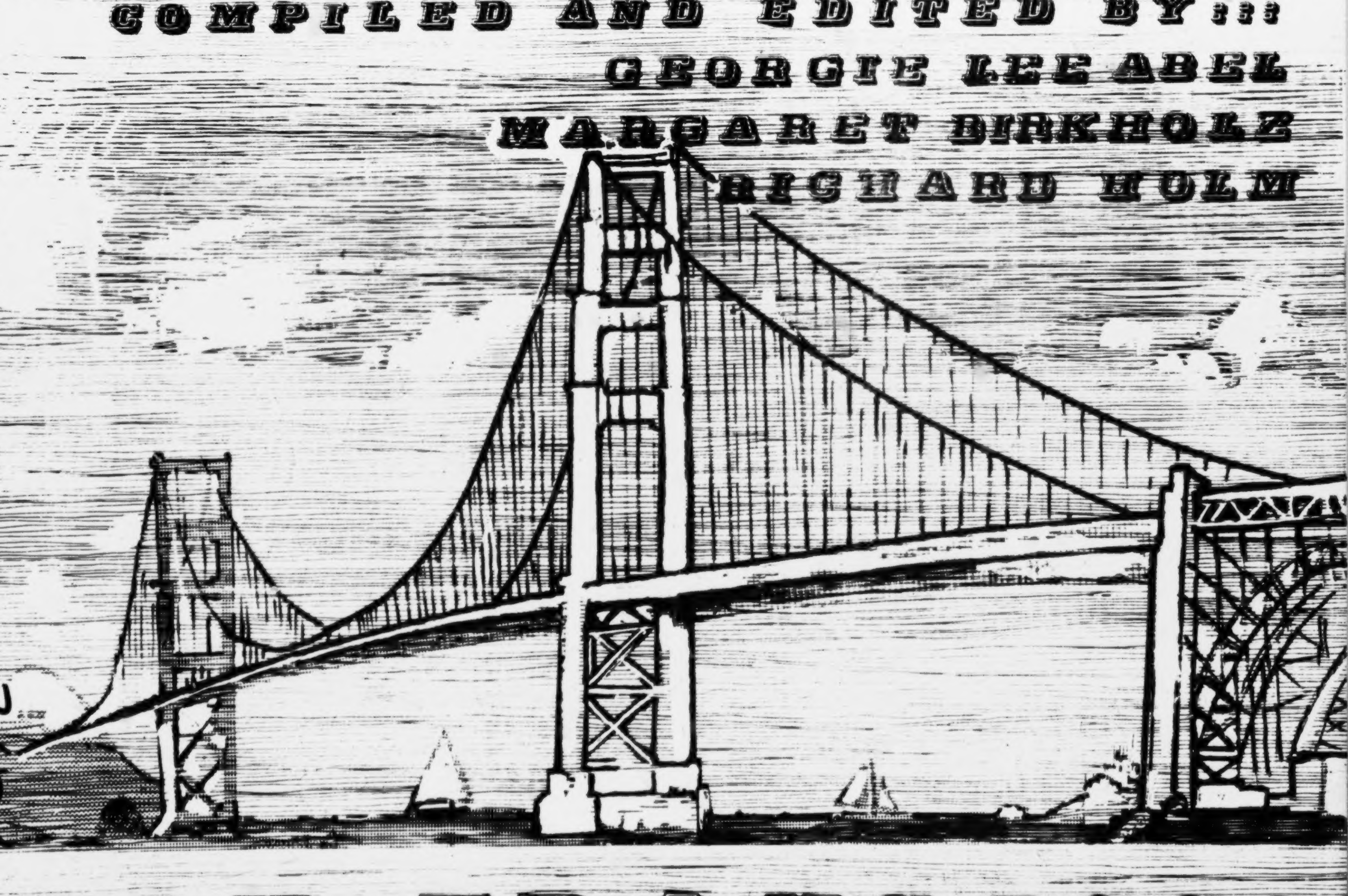

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THIS I DO BELIEVE

by

Clarice Manshardt

1. That every child is important.
2. That every child is basically a "normal" child and that the handicapped child is rather a "normal" child with a handicap.
3. Basic consideration is not the lowness of the child or the multiplicity of his problems - rather the highness of our ability to help him.
4. His education is special but not apart from regular education.
5. Every child is entitled to a program wherein he is valued and can experience appropriate and meaningful success.
6. It is not important what we do for a child, but what is desperately or wonderfully important is what we allow him to do for himself and what services and experiences we make available to him.
7. Our success is measured not in the numbers we've served but in the degree of change, however small the increment, in the most difficult ones.
8. In developing programs for the multi-handicapped our long-range plans must not be based on the limitations or preconceived ideas of the limitations of the handicapping conditions but rather on open, inquiring, testing expectancy for ever-greater adjustment and achievement.
9. There is no reward in life which surpasses that spiritual reward of having helped a child or a person become!

NOTE: The participants and faculty members wish to express appreciation to Miss Manshardt for the above statement presented in one of her lectures at the institute.

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INTRODUCTION

The recent expressed concern for the welfare and education of children with multiple handicaps seems to be well justified. Evidence of the general concern has been the work of a task force on handicapped children and child development in the Office of the Secretary of the Secretary of the Department of Health, Education and Welfare. It is calculated there are about 15,000 children with multiple handicaps. The Communicable Disease Center of the National Institute of Neurological Diseases and Blindness estimates that there are 3,000 to 5,000 children visually impaired by rubella. A large percentage of the children with multiple handicaps have been blind before three years of age and most of these are totally blind.

It seems futile to say that one impairment or condition is more severe than another; the emphasis should be on the total functioning of the child. The consensus has been that the problems of children with multiple handicaps are severe enough and frequent enough to warrant a national approach to possible programs for their welfare and education. Implicit in this concern seems to be a general feeling that enough is not being done for children with multiple impairments, that evaluations, treatment and training are not permitting the children to reach their maximum potential. Certainly residential schools for the blind have been admitting many; local school districts have made an effort; county schools have made some provisions; Developmental Centers have been organized, but the problems of children with multiple handicaps seem insoluble. In order to meet their needs, it will take a massive effort to provide services and training for them.

How well are we providing needed services for the child with multiple handicaps now and what are the needed services? If the State of California is typical, one in four of all blind children in the state has been committed to an institution. With early diagnosis and corrective surgery and/or therapy, there seems little doubt that children with multiple impairments could be kept from commitment to institutions where they will receive only custodial care as long as they live.

If we are to plan services for children with multiple handicaps, we must know a good deal more about them. We must examine what we are doing. We must answer such questions as: What services are provided? What personnel are involved in diagnosis, evaluation, assessment, placement, teaching? What programs are being provided for growth and development and learning? What information is available to the teacher so that she can do prescriptive teaching? Who counsels with the parents about the whole child? Who has a continuing relationship with the parents? What is the content of the counseling? Is it an on-going process? Are agencies and specialists in communication? Who integrates the data? When? Who interprets the whole child as a human being?

If we are to assist the children with multiple handicaps to realize their potential, we will, of necessity, be involved in the counseling process. The structure of this process initially concerns itself with the gathering of the data relating to the problem in this case, the individual child. It concerns itself with the interpretation of the data, a hypothesis for a plan of action, a testing of the hypothesis, and a follow-up to check its validity. It involves working with the child and the significant persons in his life. It is an on-going process and one which facilitates the child's growth.

Thus, to begin the study of children with multiple handicaps and the counseling process, a three-week institute entitled, The Counseling Process and the Teacher of Children with Multiple Handicaps was held at San Francisco State College from July 15 to August 2, 1968.

This three-week project was financed through a grant from the United States Office of Education under Public Law 85-926. A selected group of twenty participants with background and experience in the area of the visually impaired and/or one or more physical handicaps was provided for in the original grant. Three additional students with comparable backgrounds and experience were invited to join the group. The grant provided a preplanning period for the institute with appropriate clerical assistance.

The focus of the institute was on children who have at least one severe impairment of a sensory, emotional or physical nature in addition to blindness. Some of the major problems central to this focus were viewed as relating to the following areas: While parents of such children may have sought the help of many specialists, too often the child's problems have been segmented - that is, the parents consulted the ophthalmologist for an evaluation of visual difficulties, the psychiatrist or psychologist for behavior or management problems, and the school for learning difficulties. The various specialists may not have been in communication with each other. No one has assumed the responsibility of integrating the data. The parent is left to interpret, weigh, evaluate the collective data in terms of what each specialist has reported to him. Or, perhaps information is withheld from the teachers. Yet, the teachers, on the other hand, as the key persons in the educational setting are most often left in a position of counseling the parent, the child and the administrator in the school setting. They may or may not have immediate or total access to all available data. They may or may not be able to integrate data, seek further information needed to serve the child. They may not understand the counseling process as it relates to their role in the school.

The counseling process as used in this institute was defined as one of helping the child and the significant people in his life so he might reach his maximum potential. The distinction was made between the role of the counselor as a specialist and the role of the teacher, supervisor, or administrator in the counseling process. Each will or should be involved in studying the whole child to determine best educational placement; the teacher will need all information to plan a program of prescriptive teaching. What information does she need? What is relevant? It was to these questions the institute addressed itself. The case study method was used in child study.

In the past, the education of teachers of visually handicapped students has been largely in the field of vision. In this institute, therefore, we were concerned with the multi-disciplinary approach studying children who were not admitted or were rejected by local school programs because of severe multiple handicaps. It was seen as urgent that school personnel understand their counseling role in relation to other professional personnel in the field of medicine, psychology, social service and education.

PROCEDURES

The twenty-three participants in the institute were teachers, supervisors, administrators, or social workers. They were requested to bring all available data concerning at least one multiple handicapped child with whom they had worked. Under the guidance of the faculty of the institute, the information was to be written in the form of a narrative type case study.

The primary purpose in selecting the narrative style was to allow the child to be perceived as a living, unique person rather than an accumulation of clinical reports. The case study narrative style presentation gave the participants an excellent opportunity to exercise the art of objectivity, all too difficult for many of us. The goal was to free ourselves from our biases in describing children and their behavior. It allowed the child to be seen as a part of the family, the home, the school, and the community. In instructing the participants to describe the child as a distinctive personality with strengths and weaknesses, the individual's needs also had to be evaluated. The method demanded the study of appraisal and data gathering techniques. Medical, psychological, social, and educational information had to be studied with a critical eye. Inherent within the process was a resulting awareness of decisions that had been made affecting the child's life and on what basis the decisions had been made. It forced the participants to interpret the data available to them and to make some judgment as to its completeness. All statements made by the participants had to be documented by identifying the source. A close personal examination of the data as it related to a human personality logically was to lead the participants to raise questions relative to the welfare of the child under study.

Our anticipation of the growth of the participants was rewarded when they realized their dependency on documented data. There was an increased respect for information about the children as a basis for planning.

The participants also were assigned to one of three groups. Each group studied each case presented by each member and in turn selected one or more to be developed, refined, and written for publication in this report. (These will be presented later in the proceedings).

Four children with multiple handicaps were selected from a Developmental Center and a School for the Blind to enroll in the Frederic Burk Demonstration School at San Francisco State College. They were to attend school two hours daily for six weeks, three of which were prior to the opening of the institute. They were served by an experienced teacher, an assistant teacher and an aide.

Criteria for selection of the children to participate in the institute were: ages 5 - 12, residence within commuting distance to San Francisco State College, parents who would cooperate with the college staff, children with at least one severe impairment of a sensory, emotional, or physical nature in addition to blindness, children who had not been accepted by or had been removed from a local school district program because their handicaps were multiple and so severe their needs could not be met.

The records of the four children chosen to participate indicated the following handicaps: deaf-blind, retarded, brain damaged; blind, neurologically handicapped, retarded, emotionally disturbed; blind, hyperactive, emotionally disturbed. Commuting distance and age of the youngsters were the two criteria which limited and ultimately determined the final selection of the children participating. A small boy who was cerebral palsied and blind also was invited to attend but his new foster class and counseling sessions were held with the co-director during and after the observation period. At the close of the institute a written report was sent to the parents, the State School, and the Developmental Center. It included a record of daily activities, their purpose and their progress.

San Francisco State College wishes to express its appreciation on behalf of the participants and the college for the grant which covered the expense of the institute and provided stipends for twenty participants (as well as clerical assistance). The students, teacher, and co-directors wish to extend their special appreciation to the lecturers who contributed so generously to the program. Special thanks should be given to Mrs. Betsy Tidland and Mrs. Rose Linda Smith who were responsible for the typing of the case studies.

Students and faculty members are pleased to share this report with those having an interest in and concern for multiple handicapped children. It is recognized that this report represents only the accomplishments which were possible in the limited amount of time available to those undertaking the study of such a major area of concern. It is hoped this small beginning will reflect the need for systematic study of multiple handicapped children, systematic study of planning programs for them, the critical need to obtain all possible information about each child with an awareness that he is ever changing, a recognition that evaluation is a continuous process, that data in and of itself is just the beginning of the counseling process.

Co-Directors:	Georgie Lee Abel Margaret E. Birkholz
Demonstration Teacher:	Richard Holm

THE CASE STUDIES

The three work groups and faculty members agreed early in the institute that the files for all twenty-five cases brought to the institute would be examined and that criteria for selection would be considered. Primarily the work would be evaluated for completeness of data or at least sufficient for a narrative report which would have meaning for the readers. It was also felt that those selected might be seen as fairly typical by those who had some experience in direct service with children with multiple impairments. The objective became one of attempting to tell the stories of some severely handicapped children which might help others look at questions relative to the complicating factors for the individual as well as serious problems encountered in providing adequate service.

The case studies presented here are factual and as complete as available information allowed. Of the twenty-five submitted, the following six cases offered the most documented data.

In order to protect the identity and locations of persons used in case studies, the names of the individual participants will not appear after their respective narratives. In all cases the final writing of each of the six selected studies was achieved through committee or larger group participation. Special mention, however, for intensive individual and group work for those cases selected should go to:

Mr. Douglas Evans
Mrs. Evelyn Greenleaf
Mrs. Muriel Howard
Mrs. Mary Rigby
Miss Toshi Tekawa

DON'T FENCE ME IN

"Forewarned is forearmed," the adage says.

A teacher of visually handicapped children pondered this as she waited for the arrival of a new student one May morning in 1960.

Warned of what? Warned of a boy who had not yet been able to accommodate himself to any group situation. "It is questionable," a school psychologist and a preschool worker had said, "whether he is ready to work with a group. He may need a home teacher to work with him individually. We hope you will give him a chance to show what he can do."

Armed with what? Armed with:

Reports by a social worker for a private agency who had been involved in decisions concerning Robert since his birth in 1948,

Reports from a school psychologist who had assessed Robert's readiness for school four years earlier and had felt he was not ready for any of the available programs,

Medical reports covering Robert's health history for his more than eleven years of life,

Progress reports from a private facility for emotionally disturbed children, and now

The consideration of a team of public school personnel to assess Robert's readiness for a class situation: his first public school placement.

The records of the social worker whose responsibility was preschool blind children furnished our picture of Robert's early years. He was one of premature twins born to a twenty-eight year old mother of two boys aged two and three. When Robert was one year of age his mother contracted polio and for six months Robert lived with his maternal grandparents. The preschool worker indicated that speech developed normally during the time Robert was with his grandparents but when he returned home his progress in speech regressed. When Robert was five another brother was born and the four brothers appeared to be normal. Typical behavior observed during this period was for Robert to remain in one place on the floor, swinging his body and screaming, banging and ripping his toys apart. The worker believed that little effort was made by any member of the family to help Robert explore his environment or to stimulate him.

In 1955, when Robert was seven years of age, he was committed to a state hospital for the severely mentally retarded. Personnel involved in this decision - that is, the social worker already mentioned, a public school psychologist, and the parents - applied for his admission to the hospital on the basis of his retarded development and because of unhappiness and extreme frustration in the home. The following year the parents were divorced and Robert's four brothers remained with the mother. In 1956, while Robert was at the state hospital, his right eye was removed because of glaucoma and he also underwent surgery for a double hernia. A review of his medical records further indicated that he had normal hearing; his general health was good; the visual examination indicated retrolental fibroplasia complicated by cataracts and corneal scarring and vague light perception in the left eye. One ophthalmologist recommended, "Blind training completely."

The social worker kept in close contact with Robert during his stay at the state hospital. At one time she described Robert as "...sitting on top of a radiator, knees drawn up to his chin, knuckles in his eyes, and jabbering incoherently." In spite of such frequent withdrawal there were times when Robert evidenced awareness of and interest in his environment as when he was with the gardener, walking around the grounds and feeling the soil and the plants. It was discovered that his physical orientation was surprisingly good when he had incentive and freedom to explore. He began to speak more clearly when with his friend, the gardener. At the end of the third year Robert's over-all development warranted re-appraisal. He appeared to have ability and potential beyond that of the severely retarded children at the state hospital. Bolstered by the judgment of a psychologist at the state hospital, the social worker raised funds and effected Robert's acceptance in a private ranch for emotionally disturbed children.

After Robert had been in the environment of the ranch for nine months the director felt he was ready for a more structured situation. In the judgement of ranch personnel Robert "exhibited no real behavior problem." They felt that if he were in fact retarded, the impairment was slight and possibly due to early emotional difficulties which caused him to be slow rather than retarded. The report further stated: "At times there seems to be a slight trace of autism in Robert's behavior...as when he makes funny noises to himself and at the same time rocks back and forth making 'funny' little movements with his hands. However, he can control this."

The staff further noted that Robert had made some academic progress in braille reading, reading and writing of numbers, and that he could write his name.

The staff's final recommendation was: "We see no reason why he should not be able to function in a real school situation as his blindness and emotional stability offer no real handicap."

It was at this point in his life that Robert, almost 12, was admitted, on a trial basis, to a county-sponsored, self-contained classroom for the visually handicapped. The class had started in 1957 to answer the needs of blind and low vision children who were not considered eligible for any existing school programs; the chief criteria for admission was a severe visual handicap. Four of the students were reading braille and showing academic promise; three had what appeared to be complicated emotional problems.

The philosophy of the teacher and the administration was to provide an atmosphere of acceptance with appropriate freedom, friendliness, and expectancy a degree beyond performance of the moment.

Many thoughts were racing through the teacher's mind as she checked the record player and arranged manipulative toys for a number lesson:

"Give him a chance to see what he can do in a group."

"Nothing can surprise me after three years with L_____, who had never fed himself until he came to school and with J_____, who had a kicking and screaming tantrum every day for the first month he was in school."

"I will give him freedom and take my cues from him."

This was the extent of the teacher's armament.

Bang! The schoolroom door was jerked open as Robert came in with two other blind boys. He was nervous and tense; his first gesture was to throw back the hangers in the closet with a sudden thrust. Using his left hand to guide him along the wall he came to the careful preparations for the number lesson and swept them to the floor.

"Good morning, Robert. We have been expecting you and we're glad you're going to be a part of our class."

Robert stopped his exploration and turned toward the teacher's voice.

"Are you Mrs.________? Are you going to be my teacher? How many are in the class? Are they all boys? Where do we eat?....."

Robert's speech was nasal and muffled and hard to understand at first. Questions came tumbling out without waiting for answers.

"Is this the sink?"

"Is it?"

"Yes. Where's the faucet?"

"Did you try to find it?"

"Here it is."

"Then you knew before you asked."

Robert then resumed his course around the room, moving quickly from object to object on the shelves, but now being more careful in his feeling and reaching.

"Is this a ball?"

"Is this a rock?"

"Where did you get it? What's it here for?"

He needed confirmation that he was right.

Robert's activities were always accompanied by incessant verbalization and random physical movements such as compulsive movement of his hands, rubbing his face, cautiously patting the teacher's face, noisily thumping his knees on his desk, and digging into the cork desk top with his nails. The teacher felt that this behavior exhibited his intense need to keep in direct physical touch with his environment. The teacher further felt, as time went on, that Robert's early emotional deprivation and lack of stimulation and freedom to explore within his home were manifested in this erratic physical behavior.

Robert soon knew the names of the other seven students. Communication with them was on the same level of incessant questioning. Gradually he came to wait for answers and to respond to them. He developed a strong attachment to a seven-year old totally blind boy and wanted to be with him most of the time. The fact that this friend, Jim, was reading in the first reader helped Robert to settle down to ever longer periods of concentration. "Word calling" was most descriptive of his reading, but he evidenced a memory for form. Whenever possible, time was taken for dramatic play to reinforce meanings of words.

Robert's association with the girls in the class was impersonal except for teasing.

In the exploration of objects, Robert looked for both gross and fine details. His tactual examination included putting objects to his mouth to bite them and rub them on his lips. When using scissors he would hold the back of the blade against his lips to direct his cutting. Anything not securely fastened down was apt to be chewed, squeezed or tossed; Robert was not gentle in his explorations.

This boy's tactual curiosity was an asset to his orientation skills. It was interesting to note that at age sixteen his highest score on the Stanford-Binet intelligence test was at level XIV, sub-test orientation. He had a good sense of direction even though he had difficulty distinguishing between the words "left" and "right." One or two escorted trips to the lavatory, playground, cafeteria or office were all that

Robert needed for him to be sure of his way.

Robert was obsessed with details such as dates, birthdays, special holidays, and line and figure configuration. Robert could tell what day of the week his birthday would fall on five years hence. In contrast, Robert was unable to generalize or deal with abstractions. He consisently showed signs of lacking imagination or creative ability.

During the school year of 1963-64, when Robert was fifteen, he had his first chance to be integrated in a regular classroom. As had been true in the segregated situation his greatest academic strength was in rote activities such as spelling, where there was a definite pattern of study. He had great difficulty, however, filling in missing words in sentences to provide sensible meaning. Reading comprehension and interpretation skills were very weak; mathematical concepts were not well developed. In the same year Robert was the only student in the class who was not afraid to handle a live owl. The following story which Robert wrote about the owl exhibited his limited comprehension of his environment, his lack of vocabulary and adequate writing skills. Yet, the story indicated Robert's educability and natural curiosity in his surroundings.

A Story About a Arow (Owl)

> A arow has a head and he has a til.
> He is brown and he can fly sometimes.
> He has something to eat sometimes and he has his ringens.
> He sets in a box and he was awake and he turned his head.
> The bird looking pretty and he has a good skin on him.
> He has eyes and he eats many thing he wants.
> He felt like a big bird and he was on the table.
> This bird is a looking thing and he has a beat on his head.
> He turn over and we saw his nose and we saw his tail and its wings.

A review of the psychometric test reports in Robert's cumulative folder indicated that he functioned intellectually as an educable mentally retarded boy. However, there are some indications that his potential may have been somewhat higher.

Throughout the reports it was noted that his greatest strengths were in the subtests in "information" and "memory." His vocabulary scores were low in all tests administered.

By June of 1965 it was decided that Robert should terminate his public school attendance and be enrolled in a work-training center. This decision had been long in coming. The mother felt it was unrealistic for Robert to spend year after year working at an academic level that was elementary. He had gained much social sense, was taking responsibility in the home, and needed to be evaluated for work training. School personnel including the psychologist, nurse, and teacher conferred with the mother at intervals for several months preceding the decision. The possibilities were explained to Robert, but he took no initiative in the making of the decision. It was recommended and hoped that the Department of Vocational Rehabilitation would observe and counsel with Robert at the training center. This did not materialize.

Robert attended a work-training center for two years. The school psychologist, Robert's mother, and the former teacher felt that the placement had many drawbacks, chief among which was that most of the young people were severely retarded. Some experiences, however, were judged to be beneficial. Robert had his first chance to receive money for work done. He did not seem to be bored by separating pecan pieces from bits of shell and filling containers to be sold to ice cream manufacturers. He was proud to be best nut separator in the group. And he kept track of the money he earned.

In the summer of 1967 Robert, then nineteen years old, went to live with his father in a large metropolitan area. He enrolled in a private rehabilitation center where he found opportunity to many new areas: field trips, fishing expeditions, crafts, and mobility training. Robert wrote letters frequently to his former teacher and classmates. The letters were often pages of spelling words, but occasionally they included some bits of information concerning his current studies.

In May of 1968 Robert came to visit his former school associates. He walked confidently into the classroom, a new physical setting for him. Of medium height and slight of build he was appropriately dressed and groomed. Using his cane skillfully he walked erectly. He was obviously proud of his newly acquired ability to explore his environment independently and acceptably. During our conversation he explained to us that he traveled on public transportation from his suburban home to the city to attend the rehabilitation center. Robert still needed to be asked questions to draw out significant happenings. This composed, thoughtful young man was a far cry from the disturbed and disturbing boy whom we met for the first time in 1960.

QUESTIONS

1. Had Robert experienced an educational program consistently suited to his specific needs at an earlier age, would he have achieved an even greater degree of independence than he now enjoys?
2. Would the pattern of his social development be different if he had not been placed in a state institution for the severely mentally retarded?
3. Had there been greater emotional support from the family would Robert's self-concept have been strengthened?
4. What if a good differential diagnosis had been made when he was three years of age? Could he have made better adjustment to his visual handicap?

5. **What might have been possible for Robert had the family remained together and mother had not been afflicted by polio?**

6. **Could there have been a difference if carefully recorded files had been shared with each agency attempting to provide services for Robert?**

7. **What difference did the discrepancies in describing Robert's behavior make to those who tried to understand and serve Robert?**

8. **Did Robert suffer from possible comparison with other children in the quite different settings where he was placed?**

9. **Did the difference in physical surroundings and discipline affect behavior and possible growth?**

A SQUARE PEG IN A ROUND HOLE

Mr. and Mrs. Thomas awaited the birth of their third child with considerable anxiety because Mrs. Thomas had contracted rubella during her third month of pregnancy. Their family doctor discussed the possibility of damage to the fetus, but they also understood that there was a possibility that the child might not be handicapped.

Marie was born November 12, 1959. When she was three weeks old her mother noticed "something wrong with her eyes." An ophthalmological examination at the age of seven weeks verified the presence of bilateral cataracts.

The mother stated that Marie was "much slower" in the developmental stages than her two older children. She did not sit up until after eye surgery at the age of two. After surgery she became much more mobile and soon attempted to stand up. Once she became adept at walking, she became hyperactive as indicated by the mother's comparison of Marie's physical activity to that of the brother who was one year older.

The mother noticed that Marie babbled and cooed just like her other children had, but that she did not respond to verbalization of others or environmental sounds except for loud noises. This caused the mother to suspect a hearing loss at the age of nine months. Consulting doctors were unable to make a definite diagnosis and no referral was made for audiological testing. As Marie grew older she jabbered a lot and crooned. She screamed to gain attention. Her vocalization followed a definite pattern, was repetitious, but never developed into words.

At the age of three years, Marie had heart surgery for patent ductus. Toilet training had met with minimal success prior to surgery, but upon returning home from the hospital, no progress could be made. Feeding also presented a problem because she rejected baby foods and solids; however, the mother persevered and finally denied her the bottle at the age of three years.

Marie played with her brother and sister as well as with the neighborhood children. She quickly learned to participate in outdoor activities and was adept at games such as hide-and-seek. Her mother said that the playmates treated her no differently and no attention was called to her handicaps. The parents attempted to maintain a relationship and behavioral expectations similar to those of the non-handicapped siblings. All three children were assigned household chores. She was included in all family activities including church and Sunday School. Grandparents, uncles and aunts invited her to their homes frequently.

Mr. and Mrs. Thomas coped with the financial burden associated with eye and heart surgeries without aid from Crippled Children's Services on his salary as a mechanic. They continued to make the monthly payments on the house in which they had resided for about five years.

At the age of three years and ten months, Marie was enrolled in a program for mentally retarded in a private school maintained by the church of her parents' religion. Available information does not indicate how this placement came about. Correspondence indicates that her teacher stated that the other children in her class were severely retarded and Marie was doing well in comparison to them. The teacher thought she had a hearing loss that might have contributed to the impression that she was retarded. Upon the advice of the teacher, the parents sought a speech and hearing clinic where Marie was tested.

Marie received her first hearing test at the age of four years and four months. The diagnosis was that of "moderate hearing loss, probably due to nerve deafness." The average hearing loss quoted for the speech range was: right ear 70 decibels, left ear 60 decibels. The audiogram graph showed variations of 20 decibels in the various cycles per second in the speech range. Marie was fitted with binaural hearing aids as a result of this test.

The parents removed Marie from the M. R. program at the time of the hearing test and enrolled her in the speech and hearing center where she received individual tutoring in speech for six months. The cost of aids and private lessons proved too expensive for the parents to continue.

The hearing center reported, "Speech was echolalic for a long time which made us suspect some perceptual problems. She repeated words and speech sounds clearly in a short time after being fitted with hearing aids, but spontaneous speech was much slower in developing. It was obvious that she would need special help due to her poor vision and that vision would be her greatest handicap." Marie's mother stated that this particular speech and hearing center embraces the philosophy that hearing impaired children can be fitted with hearing aids, receive special tutoring, and be enrolled in hearing classes. The possibility of enrollment in a deaf or hard of hearing program was not mentioned to the parents. Emphasis was placed on her visual problems as substantiated by the report quoted above.

At the age of five years and ten months Marie arrived at the neighborhood public school kindergarten, wearing two hearing aids and bifocal glasses. Lengthy anecdotal records indicate that she had a very patient and understanding teacher who gave her special attention and frequently consulted with the mother. Toilet training had not yet been accomplished. The anecdotal records show that she had frequent "accidents" at school. The mother resorted to spankings. The teacher tried sending her to the bathroom at definite intervals but this did not prove successful. Finally the teacher suggested that they make a point of letting Marie know that there were no longer clean clothes for her at school. This was the solution.

Anecdotal records show that Marie was well accepted by her school peers. References were made to her three best friends who included her in their activities. She was quick to pattern her behavior after that of her classmates. Her social behavior only deviated from the normal in that she was prone to extreme physical temper tantrums when she could not comprehend what was expected of her, and when she could not successfully complete a task, or communicate her desires. The teacher noted that this might be due to her inability to express herself orally as well as her limited ability to understand the spoken communication of others.

During her kindergarten year Marie was enrolled with the school speech therapist who reported as follows: "Speech problem - lack of language due to deafness; allied problems - possibly some retardation and short interest span; recommendations - dropped from roll 3/3/65. Will be re-enrolled when she is more mature and able to attend to speech training better." The speech therapist did not request an audiological report from the speech and hearing center or make a referral for hearing evaluation.

The school received an eye report from an ophthalmologist in January of 1965 which contained the following information: "Diagnosis: both eyes aphakic. Right eye - amblyopic. Distant visual acuity with best correction - right eye 14/224, left eye 12/224, both eyes 14/220.

Sight Saving books recommended." The teacher's reports did not make any references to visual difficulty in the classroom.

At the conclusion of the kindergarten year Marie's progress report was rated "good" by her teacher and she was promoted to pre-first grade.

Marie was enrolled in pre-first grade at the age of six years and ten months. Report cards, school records and parent conferences indicate that she soon encountered difficulties. She spent part of the day in the pre-first grade classroom and returned to her former kindergarten teacher for special tutoring.

In November the pre-first teacher informed the principal that "Marie needs to be placed in a special class." The principal suggested checking with an ophthalmologist for special recommendations, "possibly send her to a partially seeing class." The school nurse in turn requested a statement from the ophthalmologist as to what his recommendations were for her educational placement. He recommended that she be placed in a class for the visually handicapped. The speech therapist was also asked for a recommendation and replied, "I feel that her hearing is acute enough so that she can learn a great deal through this channel."

Marie was referred to the school psychologist who administered the Hayes-Binet Test. The examiner stated, "Impossible to get accurate I.Q. rating because of multiple handicaps which prevented verbal learning during preschool years." It is possible that the psychologist chose this test, designed for blind children, because Marie had been tested four months previously at a speech and hearing center, using the Leiter Test which is recommended for deaf children. The examiner, associated with the hearing center, stated, "The Leiter leans heavily on one's ability to see; therefore, the child was not able to do well on the test and the Mental Age as recorded is probably not a true measure of her ability. She received points totaling 3 years, 3 months. With normal vision, such a score would have suggested an I.Q. of 48, defective. For a better measurement of her ability level, it is suggested that she be measured by tests used for the blind-deaf."

During January 1967, when Marie was 7 years 2 months old, the reports of teachers, nurse, speech therapist, psychologist, and ophthalmologist were reviewed by the principal. At this point the special education coordinator for the county became involved. It was decided to find out if Marie was eligible for enrollment in a class for blind children at the State Residential School.

The coordinator wrote to the residential school stating that he had just learned of the child's existence. He believed that her problem had "certainly been magnified by lack of specific medical intervention and special instruction." He described her as a moderately deaf child. Were she able to function academically as a first grader, then she might be amenable to their resource program for the visually handicapped. The inference here was that if she came to the residential school for remedial work in a class for blind children, then she might eventually return to their resource program. The coordinator also stated that Marie "demonstrates some other behaviors of possible neurologic dysfunction."

An application for admittance to the residential school was received in March 1967. The parents were invited to bring the child and meet with school personnel near their home. At this meeting it was noted by the supervising teacher that Marie appeared to be a deaf-blind child and could not function in a class for blind children.

Marie's mother and grandparents brought her to the residential school in September 1967, when she was 7 years 10 months of age, where she was enrolled in a deaf-blind department. They spent one day with her teachers during which time the mother freely discussed previous experiences.

The teachers observed how well Marie functioned visually and noticed that behavior resembled that of deaf children, as indicated by her hyperactivity, response to visual stimuli, and speech reading ability. After observation the teachers asked the mother if anyone had ever discussed the possibility of placement in a program for deaf children. The mother replied that no one had ever mentioned it and that she was so reluctant to have Marie live away from home that she would have tried any placement offered.

Marie carried pictures of her family with her and looked at them often in the classroom. She was a homesick little girl who frequently indulged in temper tantrums, particularly if pressured to finish school assignments. Her teachers learned that the best way to cope with and prevent the tantrums was by holding her, cuddling and talking to her.

Marie's academic program centered around the development of correct language patterns, written and spoken vocabulary. Large print books were used although it was found that she could see smaller print. Most materials were especially prepared by the teachers to meet her individual language needs. Echolalic speech ceased when she developed a vocabulary based on language comprehension. When she returned home at Christmas and Easter vacations her parents wrote how pleased they were that she now spoke clearly instead of meaningless jabber. As her spontaneous speech developed, her teachers kept a record of sentences and phrases and in turn printed them for reading lessons. It should be noted here that the few times that Marie was without her hearing aids due to repairs, her speech reverted to an unintelligible jabber. In general, Marie was taught like a deaf child supplemented by some materials and techniques used with the partially sighted. Marie's teachers were pleased and excited with her progress during the school year; however, they expressed concern to the supervising teacher because Marie had not been identified as a hearing impaired child in infancy. They stated the premise that had she been placed in a program for the deaf at the age of three years, valuable educational years would not have been lost.

Toward the conclusion of the school year, the teachers decided that Marie could function in a class for the deaf with minor assistance given in regard to her visual handicap. They were hopeful that she could attend such a class in her home community, and that the family could be reunited. The home school district was contacted but the reply was that there were no classes for the deaf in their school district. When questioned concerning placement in another school district only fourteen miles from Marie's home, the county coordinator stated there was no contractual agreement between the two districts (although such an arrangement is legal in the state).

Marie will return to the residential school in September 1968.

This child was lost in the "no man's land" that exists between the various medical and educational disciplines. How numerous are the Marie's who may never find their appropriate educational placement? Teachers expressed concern over the fact that the child had not been placed in a program for moderately deaf children at an early age. They felt that educational life could have greatly improved.

QUESTIONS

1. How greatly did the over-generalized diagnosis by various specialists contribute to confusion and delay in proper placement? i.e., Speech Therapist: diagnosed mental retardation; Speech and Hearing Center: reported vision as the greater problem; Ophthalmologist: recommended large type books and a visually handicapped program.
2. Could school personnel be helped to find sources of more accurate evaluation and diagnoses?
3. What might have been the effect of a team approach to provide clarification of the diverse recommendations? In a team approach would discrepancies have been noted earlier and proper placement facilitated?
4. What evidence was there of any on-going parent counseling at the different stages of evaluation and placement?
5. Would greater availability of files from agency to agency have enhanced more appropriate placement?
6. What might be done to encourage a contractual interdistrict agreement to provide services where there are none?

FROM PILLAR TO POST

At the special request of the school psychologist, an itinerant teacher observed Gary, an eight year old visually handicapped child. He was enrolled in a program for the educable mentally retarded. While the other children were engaged in planned activities, Gary ran aimlessly about the room. At the back he stopped long enough to pick up a block, look at it briefly, and threw it to the floor. He continued on to the play kitchen, examined it, and said, "This is my playhouse in the sky." When passing the window, he waved his hand in front of his eye. At the end of one hour he let himself sit down for milk. Opening the carton with difficulty, he tilted his head back and poured the milk into his mouth, pausing only to strike his neighbors with his free hand. In view of his difficult behavior, Gary was on the verge of being excluded from all educational programs as well as his present home.

Gary is eight years old and looks about six. He is sturdily built, neat and well-kept. His thick glasses and uneven teeth dominate his appearance. Gary now lives in his third home with his aunt. He is the youngest of four children born of a mother in her late forties, and a father in his fifties. As far as is known, his was a normal birth. Bilateral cataracts were present, but no other physical disabilities were apparent.

Although the father was gainfully employed the home was deprived, due in part to his drinking problem. At the time Gary was nineteen months old, his father was granted a divorce. The mother was awarded custody of the child at the request of the father. According to the father's sister, general neglect had been present before and particularly following the divorce. Apparently the mother lost control of the home situation. The aunt alleged that men often frequented the home and that the mother was drunk much of the time. Gary, supposedly, was left to fend for himself on many occasions. She also said that he went without clean diapers for extended periods. It was further stated he was often left to hunt for food from wherever he might be able to reach it in the home.

Gary had his first cataract surgery at the age of one year, and a second the following year. Despite the family's apparent deprivation the operations were performed by a private ophthalmologist.

Gary was referred by a public health nurse to the admissions committee of the local school district with the hope of a kindergarten placement, supplemented by a resource teacher. The psychologist assigned to test him stated that Gary was highly distractable and resistant to the tasks presented. He "couldn't get through to him." The psychologist further stated that Gary could not do items on the Binet. With the mother as informant, he was seen by the psychologist as functioning at about the level of a two or three year old on the Vineland Social Maturity Scale. He was then four and one-half years old and had no speech. It was recommended that he be considered for a Developmental Center program.

Four months later Gary was still not enrolled in a program because his mother failed to keep appointments set up for her at Crippled Children's Society. He was dropped from the agenda of the admissions committee. He was thus left "hanging in an educational limbo."

No official contact was made with the family until a year and one-half later when the director and a teacher of the Developmental Center visited the home. At this time the mother agreed to visit the class. She came, accompanied by her intended husband. During the interim

Gary, now aged six, had developed speech. As a result of this visit, he was enrolled in a developmental center.

The teacher's first report stated: "Gary understands and responds well to directions. He seems even-tempered, not easily upset and seemingly has no emotional problems." Although it is not known what caused the change in behavior, three months later the second report stated that "he stomped, yelled and lay down on the floor and kicked, yelling, 'No, I won't!' upon any request, even to eating his lunch." The teacher also observed that Gary did not cry easily, but yelled loudly, became very red, agitated and drooled from his mouth, but did not shed tears.

The Developmental Center reported his attendance was interrupted by illnesses, moving, and the re-marriage of his mother. Added to these problems his mother passed away during the summer. At last, Gary's oldest sister agreed to provide a home for him.

When he finally returned to school in November, Gary talked a great deal about death. For example, when the teacher had asked him why he had suddenly stopped his bike, he said, "It's dead." The teacher also wrote: "Sometimes Gary's eyes will go around and flutter; he then gets quite weak and may faint. He often says, 'Teacher, stop it! Make it stop!'" He still continued to be very active, however, and his attention span was very short. The teacher commented that Gary loved to talk, enjoyed craft activities and enjoyed "being in a circle" (sharing time) although he rarely participated.

Gary's sister requested a conference with the teacher and the director of the center and she stated at the outset, "Gary bugs the devil out of me." Her husband tolerated Gary but she was not able to handle him. She was only 21 years of age herself and had a young child of her own. Yet she was fond of Gary and told of caring for him when he was a baby. She thought that he was slow mentally because of his inability to follow directions. She also told that Gary's father was paying for his care. Unfortunately at this time the father had a nervous breakdown and was in a state hospital. The sister asked for psychiatric help for Gary and an agency was suggested. The director also urged a good general physical checkup.

After an absence of several weeks, Gary returned and for about two weeks he had violent acting-out tantrums. He yelled, kicked, and pulled his teacher's hair, shouted profanities, and banged his head against the walls and the floor. It was noted in his reports that some time after that, he was given medication at lunch as directed by the sister. The teacher, not having sufficient information concerning his health, speculated that the medication was prescribed to prevent seizures. The files were meager with respect to exact medical history since much of the early information had to be provided verbally by the sister. During the time he was at the center the teacher stated that after an especially severe tantrum, Gary calmed down only after being told that his sister would be called to come and take him home.

By the end of February, when Gary was about seven and one-half years old, his sister gave up caring for him. His aunt reluctantly accepted this responsibility. She indicated she left her employment and sacrificed a good salary to take care of Gary for much less compensation provided by the father. The aunt expressed concern over the fact that the developmental center was not teaching Gary to read and write. She, therefore, removed him from the program and then attempted to enroll him at a local elementary school. That school, in turn, refused admission to him because he was not ready for such a program. Referral was made to the Special Education Office since re-evaluation was necessary before further planning could be considered. He was referred to a psychologist who noted that: "Gary is left-handed, left-footed, and probably left-eyed; speaks freely in full sentences which seem to be as mature as his chronological age indicates." The psychologist suggested that it was possible now to test him on the Stanford-Binet. He pointed out that "he was operating at a 50 Base I.Q. level, but that he was probably functioning closer to a 60 to 65 level, considering his visual impairment."

According to the psychologist, the present placement with the aunt, who apparently loves him dearly, may be most beneficial to him. From her observations and test scores she further stated that "Gary seems to have a native ability level from the retarded to borderline normal range." Three programs were suggested by the psychologist: A class for emotionally disturbed was recommended but it was determined that Gary did not have sufficient academic skills to be successfully included at this time; a class for educationally handicapped was considered, but it was up to maximum enrollment, and the waiting list was long; the class for educable mentally retarded was finally accepted because there was an immediate opening and no academic requirements were needed for admission. One other deciding factor for placement in the educable mentally retarded class was that it was served by the itinerant teacher for the visually handicapped. Considering the family history, it was the psychologist's impression that cultural deprivation was the main cause of his educational retardation.

Following the psychological report, an ophthalmological report was submitted as follows: "Gary is legally blind, but prognosis is good with glasses; visual acuity is not measurable due to retardation, and a recommendation for corrective surgery to straighten his eyes should be considered." The teacher reported that "Gary functions visually in the classroom in the following manner: he can see the details in a nine-by-twelve clear print picture; can distinguish sixteen point type; can travel easily about the school. From seventy-five to one hundred feet, he has been able to identify a bird on a rooftop. Some days his vision seems to be better than on other days. He has the visual acuity necessary to use large print."

On the basis of all reports and recommendations from the various disciplines, the admissions committee accepted him for enrollment in the educable mentally retarded program.

By the end of the first month of school the itinerant teacher was summoned again. Gary had been causing serious disturbance in and out of the classroom. According to the teacher, he had removed his clothes and had run about the classroom. He also defecated on the floor on a couple of occasions, and wet his pants. The lunchroom posed many problems. The itinerant teacher decided to spend the lunch hour with Gary training him to wash his hands, stand in line, pick up his tray, carry it to the table, and eat with silverware. This training was necessary because he could not stand quietly in line and wait his turn. Not only were his own eating habits sloppy, but he grabbed food from other children's plates as well. He was in the habit of leaving his tray and dashing to the playground without thought or a sense of responsibility.

The playground posed another problem. Observers felt he was inconsiderate, rough and demanding. An example cited, described his pushing all the other children aside; racing up the steps of the slide; sitting down at the top; and refusing to let anyone else use it.

Another episode on the playground occurred when Gary invaded a kickball game and ran off with the ball. When the other boys tried to retrieve it, he kicked and hit them. The other boys retaliated in a like fashion and recovered the ball. That afternoon the aunt complained to the principal that Gary had been roughed up on the playground, and she felt that supervision was inadequate. It shall be noted that Gary had now reached a point in his development where he was able to complain understandably to the aunt and she would respond. It might be added that the aunt had returned to her night job as a waitress and had to sleep during the day. No supervision was provided for Gary during her sleeping hours. He was allowed to play only by himself inside the house or the fenced backyard.

During this year several unusual behavior episodes took place. Severe temper tantrums occurred following periods of active play, physical education, and lunch. Gary was very strong and physical restraint or removal by the teacher was impossible. It was reported frequently that he disrupted the classroom.

On the bus his violent behavior was sometimes handled by physical restraint. On one occasion when the itinerant teacher met the bus, the bus driver had found it necessary to tie Gary to the seat. She noticed that Gary's face was flushed, his eyes were fluttering, and he was trembling. The itinerant teacher reported, "After the driver released him to me, I grasped his hand, and we started to walk toward the corner. We walked for three blocks without saying a word. We passed a pet shop and Gary paused to say, "Bird, bird." I said, "Yes, Gary, that is a bird."

Then he noticed a dog and a monkey. After several minutes at the pet store, we continued on. When we passed some greenery, Gary paused again and said, "Do these flowers bloom only at night?" I replied it was a hedge that didn't bloom. As we went on then, Gary said, "I am ready to go to class." So we returned to school and he went to class. We arrived at Show-and-Tell time. The class greeted Gary and, to my surprise, he presented the teacher with a bag. She said, "Gary, will you tell us what is in this bag?" He opened it and held up a candy cane. There were enough canes for each child in the class. He had brought these to school in the morning and was now willing to share them.

After a conference between the itinerant teacher and school personnel, it was decided that a two hour per day schedule for Gary would be more tolerable for all concerned. At this time the itinerant teacher began working in the home. It was located in a well-kept older multiple housing district. She said that the home was spic and span, but there were no toys. The aunt explained the lack of play materials by saying, "Gary broke them as fast as I could buy them."

Since the first of the year, the teacher had seen Gary once a week in his home for a period of thirty minutes or so. She worked with Gary on basic concepts of numbers, comprehension, and manual skills. His attention span was still very brief. He worked hard at a task for a few minutes and then would give up completely. His attention was best held when he was listening to a story. "If I asked him to discuss the story, he would talk about it freely and would offer other related incidents. He would now and then refer to a playhouse in the sky." Individualized sessions with the itinerant teacher continued for approximately one semester.

An evaluation conference was held at the end of the school year. Participating members were the school principal, the teacher of the educable mentally retarded class, the itinerant teacher for the visually handicapped, the director of special education and the school psychologist. After considerable discussion, the committee concurred that Gary's overall improvement warranted placement in the intermediate section of the educable mentally retarded class. This recommendation was based partly on the fact that Gary's behavior and educational functioning in the classroom had become more responsive and promising. The director of special education was advised to send a letter to the family recommending a complete physical examination with emphasis on a neurological study. Mental health counseling was recommended for the family.

At the beginning of the next school year, communications were received from mental health services advising the school that Gary's aunt had sought and received counseling service at the clinic during the summer. The school received no report of a neurological examination.

An unusual reversal of behavior was evident at the beginning of the school year. Where was Gary? He was so quiet, apparently interested and cooperative, that his presence went virtually unnoticed. Interestingly enough, this behavior continued only during the short two hour school day. When the time was increased, he could not tolerate it. His behavior became much more aggressive. For the help of Gary and other members of the class, the two hour school day was resumed.

During this year Gary learned to read in the first and second Pre-Primer with comprehension. There were times when he could not tolerate the structured program and would say, "I cannot read today." He would then be allowed to "work" quietly with his blocks or other materials of interest to him. On rare occasions Gary lost his control, and would have to be sent from the room to the principal's office. It was encouraging to note these trips to the principal's office were becoming less frequent. The year passed quite smoothly, and progress certainly had been made. Gary was passed on to the third year of this program.

The last directive from the special education department stated that Gary would be transferred to another educable mentally retarded class in the district because his present class was overcrowded. The wisdom of this move was questioned because Gary would be required to make all new relationships and this is one of the most difficult adjustments for Gary. It was, however, seen as the only possibility.

QUESTIONS

1. Why was more medical information not available to the staff?
2. Why was a follow-through agency not active with this child from the early diagnosis of his visual difficulties at birth?
3. Why was there no evidence of the services of a preschool worker for this child? Why was there no evidence of the reactions of the preschool worker? How could the services of the preschool worker have been made more effective for Gary and the family?
4. What kinds of services would have helped the Developmental Center follow through in cases of long periods of absence from the program?
5. How can school districts more effectively meet problems when they are faced with weighing the size of the class and State regulations against a placement based on the child's needs? Does a smaller program necessarily provide the answer?
6. Is it possible in highly specialized classes to continue a child with his same group and his same teacher when promising adjustment in social relations and certain educational functioning seems hopeful?
7. What were the strengths in Gary that enabled him to progress thus far?

8. Were these possible strengths recognized at appropriate times of his development?

9. How can mental health findings and school reports be integrated and shared in the best interests of children served by both agencies?

10. With the information that is available from his files, what further effective services or help can be given to Gary and his family? How can the overworked, under-financed social agencies be strengthened to work in a continuing functional capacity with the schools to improve a total service in critical problems like those experienced by Gary and his family? Are his problems primarily those which can be solved more by social service agencies than by the schools?

JEREMY IS COMING

The golden-haired boy, just six months old, cooed and gurgled as he played on the clean bare floor of the impoverished farm home. He was a cuddly baby showing evidence of care and good health, but he had a peculiarity. His eyes did not follow the toy held out to him by the visitor.

The visitor was the home teacher for the visually handicapped in an isolated section of the state. She was seeing the family for the first time following the referral of the county child welfare worker. She was going to be active with this family and child for many years.

The home teacher reported that the mother was small in stature and hovered about the child. She also observed the child to be unusually attractive. An older sister played gently with the baby. The father seemed sullen and remained in the background.

The records of the welfare report revealed the following information: "Jeremy is the youngest of three children. The mother's illegitimate girl is four years older and lives in the home. A boy two years older also was born out of wedlock, but is the son of Jeremy's father. These two children might be termed as mentally retarded but they function better than mentally deficient children. Jeremy's mother was thirty-five years of age and his father was forty-two when he was born three months prematurely. The mother experienced an uncomplicated pregnancy and birth weight was recorded at two pounds, thirteen ounces. He was placed in an incubator for three months following birth. Parents questioned the possibility of a vision problem when Jeremy was five months of age. The diagnosis of blindness due to retrolental fibroplasia was not confirmed, however, until the age of ten months. He crawled at six months but did not walk until two years old. The mother and father both were considered to be of less than average ability and came from a rural background. The father's parents helped as much as they could in a financial way. The family was living in a two-room trailer on the grandfather's farm because their house had recently burned down. The father was not working. The grandparents suggested he was unemployed because he was stubborn and hard to get along with. In spite of the economic problems, the mother kept a very neat house. It was sparsely furnished and without indoor toilet and plumbing facilities. The welfare department often supplemented their income and provided medical and dental care."

When Jeremy was seventeen months old, he and his parents were referred to the local mental health center for consultation. Father refused to take him to the agency. In spite of this, however, Jeremy seemed to be his favorite child. His affection seemed to be expressed in protective ways. An interviewing psychologist met with the mother and considered her to be a moderately retarded person. His observation of Jeremy also suggested some retardation.

As a result of the referral of the family to the clinic the following comments concerning his early history were recorded: "Jeremy first spoke words at the age of two years, but phrases were delayed until the age of three and one-half years. Toilet training was incomplete at four and one-half years, but Jeremy would occasionally indicate his need for toileting. Self-feeding with finger foods was accomplished since the age of one year. Ambulation had been achieved in the home without manual exploration, but in strange environments Jeremy used his hands to explore until the surroundings had been identified."

By the time Jeremy was four years old, the county child welfare worker and the visiting home teacher were giving serious consideration to his care and his educational needs. This concern led to the encouragement of the mother to go with the workers to the preschool institute at the residential school for the visually handicapped where the following observations were made by the attending staff.

Jeremy's mother seemed frightened, ill at ease and overwhelmed by all the people and this unusual experience. She carefully followed all instructions for assignment of rooms, meal times, sessions, silently and quickly. Efforts to engage her in conversation at the conclusion of the first day were not very successful. She clung desperately to her little boy, who tugged at her, hummed, and made cooing sounds.

In this relatively brief period the director was not able to become personally involved with all of the parents, but it was reported that this mother was not able to relate to the other staff members. They mentioned, however, that she seemed to want to communicate and finally asked to see the lady in charge of the children. Thus, the director made careful observations of Jeremy in the nursery school. Then, informally, she offered encouragement and support to Jeremy's mother throughout the institute.

The children had been placed in the care of qualified staff members while the parents were in their sessions. Jeremy was in the group designated for pre-kindergarten. The staff noted the following behavior: Each morning and afternoon the mother handed him gently over to the teacher. Her eyes seemed to appeal for understanding of her little boy. She was quick to come for him after the sessions, and would hurry down three flights of stairs to see how he was when it was her "coffee time."

He was very neat and very clean. When he was given a cookie and milk, his eating habits reflected the same care.

Usually he went with the teacher without protest, but when she released his hand he stood alone and twirled, seemingly oblivious of his surroundings. He didn't join in group activities, nor play with any other child. Though he showed no interest in children, he traveled about the room examining objects with his hands remarkably well. Still, he neither placed objects in his mouth nor smelled them. Exploration was tactual. When music was played he stood and listened attentively, but would not march or do rhythms with the other children. Later, however, when his mother came he would sing the songs taught during the day with perfect rhythm, pitch and seldom missed a word. This was his only spoken language that was understandable to the staff. He spoke in words and short phrases to his mother and she understood his requests and demands.

Although he would not feed himself with a spoon or fork, it certainly appeared as though he might be capable of doing so. He seemed very well coordinated and able to function physically, gracefully and easily. When fed, he ate quite willingly. Though he would go to the toilet when taken, he gave no spoken notice of need.

He allowed himself to be hugged and cuddled and would sleep in an adult's lap when rocked during rest time. Otherwise he would not lie down on the mat. He preferred to twirl while the others rested. He played silently and alone with toys, like trucks and wagons. He did not like teeter-totters or double rockers or big toys that took him off his own two feet. Though he was not hyperactive, he could become irritable if pressure were exerted to have him join in activities. Then he'd howl and jump up and down until the demands were withdrawn.

At the end of the second day of the institute the director arranged to eat supper with the mother and child. Conversation was painful at first, but gradually it flowed more easily. Mother had been told by staff members that this "woman" was the person in charge of the children at the residential school. She wanted to know how things were done and if this lady was kind and understanding. Assurance was wanted that the houseparents loved little children and that a little boy could have pop and ice cream, sometimes. The possibility of Jeremy attending a nursery school that summer in the neighboring town was mentioned by the mother, but he would have to stay in a foster home because forty miles was too much driving every day. Still, she could not decide if this was a good idea for her child and the director could only suggest that she consider the matter further with her social worker. As the child allowed himself to be cuddled and fed by the director the mother talked more easily and openly. The next and last day of the institute, the mother actually sought out the director and expressed her appreciation for the "nice" things done for her and the child. This association was to play a significant part in the future plans for Jeremy.

Jeremy did not attend the summer kindergarten because the parents were fearful that he would be lonesome, forget them and not be well treated in someone else's home. In all other respects the mother was always cooperative, in her limited way, to the suggestions and help offered by the home teacher and child welfare worker. All the family displayed love and concern for Jeremy and he looked healthy, happy and well-kept. But Jeremy did not communicate verbally and seemed not to stay in the world of reality for extended periods. It was evident to the social worker that he needed much more experience than the limited conditions surrounding this family could offer.

Accordingly, the family was encouraged to let Jeremy be admitted to the university hospital department of physical medicine and rehabilitation for a complete physical and psychological interpretation and prognosis. This was difficult to achieve because of the constant anxiety of the parents for their boy's welfare.

The admission to the hospital was accomplished when Jeremy was five and one-half years old. Psychological evaluation was attempted by a highly qualified and respected child psychologist experienced in working with visually handicapped children. She considered the evaluation of his learning potential unsuccessful because of the child's inability to adjust to a new situation. He was thought by her to be at least educable but with two major problems present: "First, that consistent training in independent areas has been inadequate in the home; second, that he had developed the emotional pattern frequently seen in blind children of shutting out stimulation and living in a self-enclosed, self-absorbed world, resisting efforts to pull him into more interaction with his environment." Further evaluation in a group situation was needed before recommendations for specific placement could be considered.

The physical examination as reported by the medical staff revealed Jeremy to be "well-developed, well-nourished, quiet and cooperative. When not occupied he would jump up and down and twirl in a circle. When standing still he would 'knuckle' his right eye constantly. Examination of the eyes revealed bilateral nystagmus without coordination of movements. The cornea of the left eye was opaque, but the cornea of the right was clear with a lenticular opacity visible on funduscopic examination.

Numerous deciduous teeth were missing. Tonsils were enlarged but not inflamed. Deep tendon reflexes were hyperactive bilaterally in the lower extremities and a Babinski sign was present on both sides. Otherwise the physical examination was essentially within normal limits."

Jeremy was now ready for the hospital course. The reporting team had the following observations: "Following admission Jeremy's mother told him 'goodbye' but remained to observe him without his knowledge for two days. When satisfied that he was accepting his new environment she went home. Jeremy's first week was not without resistance to the ward routine but adjustment was progressive.

"The second week Jeremy's father visited and expressed considerable anxiety regarding the possibility that Jeremy might forget his family. The father returned home after being reassured of the value of the program. A week later both parents came again, intent on taking the child home. They were allowed to observe and visit with Jeremy. They were gratified further by his recognition of their gestures of affection and realizing that Jeremy was not forgetting them, they once again returned home. (The family lived three hundred miles away and drove to the hospital in a very old car).

"At the end of the six week period and just prior to returning home for Christmas, Jeremy demonstrated spontaneous speech and matching ability exceeding any previous observations. Negative behavior was considered to be a great factor in the boy's resistance to learning.

"Occupational and speech therapy, recreation and word activities were all directed toward increasing Jeremy's knowledge of his environment and encouraging his interaction with those about him."

Jeremy did not return after the Christmas holiday. The father, in particular, objected to the hospital and all the orthopedically crippled children there.

The hospital staff presented its evaluation to the welfare department and the final summary read in part: "Jeremy presented a complex problem of negative behavior and possible mental retardation. He demonstrated his ability to learn but did not demonstrate ability to retain. He appeared to be much below normal intelligence and actual performance was below an educable level; however, the feeling of the rehabilitation team, as expressed, continued to present the possibility that Jeremy's full potential was not demonstrated. They recommended that further evaluation, including a rigid conditioning program, should be tried before definite decisions are made."

Simultaneously with Jeremy's experiences at the hospital a new unit for multiply handicapped visually impaired children was in its first year of operation at the residential school. It serviced ten children, ages five to twelve, who were not considered for admission to any other educational program in the state. This appeared to be the only resource open to Jeremy if room was available.

Jeremy's workers continued their visits with the family and as soon as they were sure the unit would have room, they began talking to the parents about a "school" placement. To quote them, "It was easier than we had anticipated." The parents agreed that Jeremy must go to school but it had to be at the residential school because they saw this as the 'best school.' Jeremy would be safe there, with the 'lady' she had met at the institute.

Jeremy was referred to the admissions committee, consisting of a representative from the departments of welfare and education and the superintendent and supervisor from the residential school. His referral report stated that Jeremy had made some good progress since he had been to the institute. When he desired he could make his wants known by single words and simple phrases; he was almost completely toilet trained; he was no longer fearful of strangers and would sit on the home teacher's lap or pull her outside to play; he moved around easily in his home surroundings. He had been attending Sunday School and participated in vacation Bible School. The family had been enthusiastically telling him about school, but no one could determine how much he understood due to his inability to communicate in the present. He was accepted for admission on the basis of all the hopeful reports and recommendations made by the many interested agencies.

The parents brought him on the first day of "school" to the unit. They required considerable reassurance but eventually they left for home, after the supervisor told them she would write to them during the week. They left, after shedding a few tears over their little boy, and Jeremy's new life began.

The teachers and houseparents sent little notes home almost weekly from the children to their parents. A bi-monthly newsletter, composed by the children about their activities, was also shared with the parents, and a quarterly report prepared by the supervisor was also shared. Much communication was carried on by telephone between the supervisor, parents and agency personnel regarding any problems or planning concerning the children.

Jeremy's initial adjustment to the cottage and school was relatively good. He slept well and did not wet the bed when toileted once during the night. Being only six and very protected, he needed considerable help in washing and dressing. Brushing teeth stimulated all the ingenuity of the houseparents. He ate relatively well when the spoon was placed in his hand.

The goals set forth for Jeremy in the cottage over a period of one year were realized as follows:

1. "Says 'toilet' most of the time and is trained on a schedule. Needs to be toileted at night. (When he first came, he had a 'lazy' bowel, according to the pediatrician. He would have a 'B.M.' only every seven to ten days. The feces would accumulate and considerable enema treatment was necessary for relief. A mild laxative and stimulating fruit juices were given. Houseparents 'taught' him to force his own 'B.M.' and eventually were successful).
2. "Eats reasonably well with fork and spoon. Can locate food easily on plate and guide it on fork or spoon quite well. Usually he gets food into his mouth without spilling. He's careful with milk and other liquids and very seldom tips or spills from a glass.
3. "Dressing and undressing is better except for zippers and shoe laces. Jeremy doesn't like to but he can find his own clothes in his drawers and closets. Stockings are a real challenge and sometimes he howls in hopeless frustration over heels on backwards. He has to undress and dress during the day for swimming so he gets practice in two places.
4. "An electric toothbrush solves the brushing problem. His favorite and only friend, an eight year old gentle, motherly girl, somehow built up his confidence and he submitted to the

brush and toothpaste. Together they brush their teeth morning and evening.

5. "He can wash and dry his hands and face without aid.
6. "He seems remarkably well oriented both in the cottage and in the classroom. Out of doors, where there are no props, he becomes frustrated, howls and twirls, if he thinks he's alone or lost.
7. "Jeremy sings his prayers and then retires peacefully to bed with only a hug from the houseparent." (Formerly it took a drink of pop or a spoon of ice cream to settle him).

Jeremy was not a consciously naughty child so punishment was seldom necessary. Isolation was never used because he was content to be alone and twirl, and this of course was not to be encouraged. When he displayed stubbornness or unnecessary slowness in getting his coat and cap and putting it on, he was asked to stay behind when the others went in the car for a ride or for ice cream. Even though he howled and cried, it was evident he knew what was going on. On one occasion when he was left behind he wailed, "No coat, no bus!" He still would not play with any other child except his special girl friend. They "conversed" for long periods and she calmed and conforted him when others failed. It was thought he associated her with his sister, whom he apparently loved very much. His family wrote to him weekly, and often the mother wrote to the supervisor perhaps to reassure herself that nothing had changed in their relationship. Her letters were promptly answered because the supervisor believed this support was necessary for both Jeremy and the family.

The classroom situation had its objectives too, and the following were achieved. Jeremy learned to sit still for up to one-half hour in music class, show-and-tell, or individual activities in his "office." This office consisted of movable partitions which isolated a child from distractions. Here he learned to match objects and textures, do simple puzzles and to indicate directions, i.e. up, down, under, over. He was able to say short sentences such as, "I'll beat you," "Go on bus," "Hug Jeremy," and "Catch me." After listening in the music class he was able to sing the song in perfect pitch and with all the words correct. Very rarely he sang with the group. Jeremy was rewarded with M & M candies or medicine cups of pop accompanied by hugs and affectionate cuddling.

The staff realized that Jeremy needed to learn to socialize with others. He had to be drawn into games and would withdraw if allowed. He did not care to play with anyone but his one girl friend. Under stress Jeremy escaped into fantasy. He spoke in a deep, expressionless voice, first a word or two, then a garble. Then he shut out the world and twirled. Jeremy related much better with adults than with children except for his girl friend.

The last psychological report stated: "It was not possible to test Jeremy. Observation would place him at about the two year level of functioning. Re-evaluation is recommended in six months." The teachers felt, however, that Jeremy had made considerable progress in spite of the psychologist's evaluation.

The director indicated that "Jeremy was placed in a special unit for multiply handicapped visually impaired children at the residential school for the blind. Thirteen children, ages five to twelve, live together in a comfortable cottage. A large kindergarten room in the main school building serves as a classroom."

Meals were taken in the cottage. Two teachers, a head counselor and five houseparents comprised the immediate staff. A physical education swimming teacher and music teacher instructed the children for an hour or so every day. The nurse was available for any special care prescribed. A local doctor was on twenty-four hour call.

Consultants were: a pediatrician, the university hospital diagnostic team, a psychologist, the welfare department staff, a home teacher for the blind, an ophthalmologist and other specialists as needed.

The evaluation team met at the close of school. Present were: the two teachers, head houseparent and five other houseparents (the latter at their special request), psychologist, nurse and supervisor. In brief their recommendations were:

1. Jeremy should remain in the program for another six months and then be re-evaluated.
2. That he be referred back to the university program for continuance of the interrupted hospital evaluation program. The school evaluation team would like to know if there is neurological dysfunction present.
3. That Jeremy be referred to the summer camp for multiply handicapped children.
4. That the home teacher visit the family to encourage them to follow up on the suggestions sent home by the school for summer development and training.

QUESTIONS

L. To what degree was the overprotectiveness and anxious, fearful attitude of the parents responsible for the lack of adjustment of the boy?

2. In the early years what guides were given the parents to encourage normal growth and development? Were the guides specific? Were his opportunities limited by the ability of his parents?

3. To what degree is frustration, negative behavior, resistance to learning, inhibiting his progress? Are the school and home dealing with negative behavior in like fashion?

"IS IT TOO LATE FOR JOHNNY?"

"And this is Johnny." The preschool worker so ended the introduction to the teacher of the special program for children with multiple handicaps at the residential school for the blind.

The teacher saw a small, dark-haired boy with delicate features and fragile hands, carried in his mother's arms. Together they walked to the kindergarten room where Johnny was placed on the floor by his mother. She then left to attend a meeting of the preschool institute being held at the school.

The teacher put a bright ball into Johnny's hands. He dropped it immediately saying, "I'm not supposed to." Next she rang a small plastic bell. He turned toward the sound, but drew back from touching it. A succession of toys met the same fate. He listened to the music box. When asked what song it played, he responded correctly, "The Farmer in the Dell." His speech was clear. He sat quietly except for turning his head from side to side, and moving his delicate hands in small gestures. An invitation to join the other children in a game brought a movement of withdrawal and another, "I'm not supposed to."

A developmental history supplied by the mother stated that Johnny was five years old and totally blind due to retinoblastoma. Johnny had seemed to be a normal baby. The pregnancy was uneventful and the delivery uncomplicated for that of twins. Johnny weighed 6 pounds 2 ounces at birth. In addition to his twin sister, there was another sister four years older. No symptoms, which might have caused concern, were noted until Johnny was eight months of age, at which time the family doctor noticed a milkiness in Johnny's eyes. At this point a consultation was arranged with an eye specialist who diagnosed retinoblastoma. Both eyes were enucleated by the age of eighteen months. There was no family history of the disease. The ophthalmologist suspected a genetic mutation. X-ray treatment followed the surgery and the child was fitted with prostheses.

The situation was naturally traumatic for the parents as well as the maternal and paternal grandparents, who lived in the immediate vicinity of the home. Despite the intense grief reaction, according to the mother, the relatives did everything to make Johnny happy. Leaving home to attend the institute posed some natural problems for Johnny and his parents as they recalled previous trips to the hospital with the accompanying separation from the home. In an effort to try to help Johnny feel more secure the parents found it easy to leave Johnny at home with the grandparents, who were easily available and cooperative. According to the comments of the parents, this practice perhaps contributed to further problems for Johnny.

The reports of the social worker who visited the families of preschool children to counsel and advise them stated that on each visit Johnny's mother would agree that she ought to take Johnny with her more often so that he would get over being afraid to be away from home. She said that she did take him to church. She agreed that she would talk to her husband about bringing the family and attending a meeting at the preschool institute at the residential school.

The family was able to attend the institute, taking part in the discussions that followed every lecture. These talks were especially arranged so that parents could share with one another their experiences on ways of teaching their visually handicapped children. They learned about the necessary habits and skills, which if taught well would help their child take his place with sighted children in his community. Johnny's parents listened, but were reticent about their own experiences. The dietician at the school observed that the mother always took Johnny away into another room to feed him instead of eating with him in the dining room as most of the families did. She asked for permission to prepare cereal and puddings for his lunch and dinner.

During later visits, when the preschool worker called at the home, she stressed the importance of teaching basic skills at times when the child would show signs of being ready to learn them. The parents agreed but on further visits there was no evidence of progress in those self-help activities which had been suggested. Attendance at nursery school was suggested when Johnny was four. The preschool worker made arrangements for financial aid, and assured the mother that the nursery school was a good one. There was tentative agreement, but at Johnny's tears they drew back and he did not attend.

The preschool worker was disappointed and concerned when nursery school was not attempted. She suggested a kindergarten program at the residential school.

Johnny was not yet walking and was not chewing food. He was also fearful of contact with other people outside of home. The parents wanted a local school program for him and the preschool worker had the difficult task of pointing out the urgency of Johnny learning to walk before he could be admitted to this type of program. The advantages of kindergarten in the residential school were stressed because of these various developmental problems.

The parents were urged to visit the residential school to observe a special program inaugurated by one of the teachers. This program was designed to help children walk, but it would require a statement from Johnny's doctor describing the reason for his disability. It was suggested that this program could be carried on at home, and the parents, realizing something must be done, consulted the doctor. The doctor's examination revealed to the parents that there was no reason why the child could not walk or chew. This information was shared with the school. He approved a program of exercises that had been outlined by the teacher.

Once Johnny was in school it was arranged for the parents to visit every two months. Soon Johnny was creeping around the house a little and was beginning to stand with help. Three months later he could pull himself up and stand, hanging onto a piece of furniture. At the next visit the mother said, "Johnny, stand up on your big flat feet," which he did to the admiring applause of the teacher, preschool worker and parents.

The periodic visits to the school helped the parents see other children receiving individualized attention in the warm, free atmosphere of the classroom. They gained strength not only in their appreciation of what could happen in the highly specialized program but perhaps what might happen to Johnny. A minister, who was a friend of theirs, helped them to realize the importance of enrolling Johnny in the school. This all-important support from their relatives and friends made possible Johnny's first chance in a school program away from home.

On the day Johnny entered school, the whole family, including both grandmothers and the minister of the church, made the trip. Johnny and his clothes were entrusted to the care of the housemother and teacher.

The mother and grandmothers wept as they got into their cars to go home. Johnny cried too, but not nearly as hard as his mother.

Johnny passed through a normal period of homesickness. He spoke little and when he did, he made comments such as: "Nobody loves me," "Jesus doesn't love me any more," "Why did Mommy leave me?" while crying big 'alligator tears.'

His adjustment to school was naturally difficult because he had not acquired the many habits and skills learned by other children at an early age; brushing his teeth, taking care of his personal needs, and eating in an acceptable way had to be learned through a good deal of individual help.

The school doctor reported that his oral hygiene was very poor. He rejected most of the food offered by crying bitterly, turning his head aside and clamping his mouth. He was toilet trained for urinating and would ask to go to the bathroom, but he did not fasten or unfasten his clothing. His fingers were always very clean; he would touch nothing unless forced to do so. When he entered school he was six years five days of age, weighing 38 pounds and was 41 inches tall. The medical report showed at this time "impairment of neurological function from past enucleation of eyes due to retinoblastoma, halting gait attributed to the fact that Johnny had no training in walking prior to five years of age."

The psychological report stated, "Although prior estimation of his functioning could not be made at that time (March 1966), he seemed to behave like a child between the ages of three and four. His intellectual functioning and social maturity were both at this level." Chronological age in March 1966 was six years six months.

Johnny was able to speak clearly, understand simple commands, listen to and comprehend a simple story and was able to play 42 songs by ear on the piano. His mother said he had learned these during the first six months that they had the piano. He reacted to the other children but only verbally. He went to bed without fuss and slept well.

At the weekly staff meeting of teachers and counselors of the special program, it was decided that a gradual approach would be used to try to establish a few habits which were deemed most essential, but that this was not to be accomplished at the expense of Johnny's need for support, love and security. The goal was to establish a warm relationship, first with one or two adults, and later with other adults and children. One staff member on each shift was assigned to rock and cuddle him, sing to him, read stories to him and tell him what a big boy he was to come to school.

He was to walk to and from the dining room three times each day - another 300 yards. The staff member was to hold his hand, walk as slowly as Johnny desired, help him with the steps and make the walking as smooth and easy as possible. Each day he was to be taken from the cottage to a piano in the school classroom and allowed to show how well he could play. This also required him to walk about 350 yards on the way over and another 350 yards on the way back. The walking was not to be mentioned at all. Conversation was to be about his school and the grounds, what he was going to play, and what he liked to do. This was carried out except on very stormy days and Johnny accepted it well. Gradually he increased his speed and length of steps as well as his ability to go up the steps into the building.

It was also decided that eating training was to begin with the warm cereal and pudding Johnny's mother said he liked. To provide support he would be fed at first, then gradually a bit of cooked egg was put into the cereal to encourage him to chew different types of food. If he complained he was to be asked to take one more bite and promised only the food he liked for the rest of the meal. Soon he was accepting a whole serving of the mixed food. By the time he had been at school for eight months he was eating mixed vegetables, noodles, scrambled eggs, soups with vegetables in them. He still did not chew but swallowed the food whole.

A staff member helped him drink from a glass the first few days. After that, first one swallow was left in the glass and he was praised highly for drinking it all by himself. The next meal it was two swallows, until he drank a full glass of milk without help. The same staff member was to be with him at meals to maintain consistency and security.

Johnny's progress was very slow. He remained fearful of new experiences, but tried consciously to overcome his fear of them. For example, the third week of September when Johnny had been in the school for two and one-half months, the whole school was taken to camp near the ocean for three days. Johnny walked with a staff member out into the edge of the waves coming in on a sandy beach. When the staff member turned to answer another child's question, Johnny fell, and a wave washed over him. As he was helped up and the water wiped from his face, he said, "Well, my teacher wanted me to see how salt water tastes and now I know."

Each Friday when his mother came for him she was told in Johnny's presence how proud everyone was that he had accomplished so much, and each small detail was described. By this gradual method, pride of accomplishment was built in both Johnny and his family. Within eight months Johnny was asking to "try a bite" of some unfamiliar food; he was walking freely within the house; he was helping hold a toothbrush to brush his teeth gently, and beginning to learn how to put on his clothing. He was gaining weight so rapidly that his pants had to be let out.

As further sign of growth for Johnny and his family, he was able to return to school after a weekend at home, accompanied by a group of relatives and friends who seemed to feel comfortable in leaving him with the school staff. He also had many visitors from his home town who stopped to find out what he was doing and to ask for suggestions as to ways in which they could help him continue his growth at home. To be specific, they asked, "What part could Johnny take in the Church Christmas program. Could he help distribute gifts?"

The parents and the school authorities secured a volunteer from the nearby university to work with Johnny. She was assigned to work individually with Johnny six hours a week. She was asked to help in developing an eager attitude of exploration in Johnny as well as give him increasing amounts of practice in moving about the campus with ease. The following descriptions of activity are taken from her report: "Today it snowed and I took Johnny out to feel it. He was encouraged to reach down and touch the ground. Upon finding a cold substance to the touch, he refused to touch it again or pick it up. When we walked earlier and the flakes were falling, he seemed to enjoy the flakes falling on his face."

Three months later she reported: "Johnny and I went for a walk today. We looked at the holly tree. He even touched the sharp points and asked if he could pick one. We picked a leaf together, and he held it in one hand while he ran his finger over it with the other. We looked at some flowers. He learned to squat down while he was looking at things close to the ground. He had a little trouble with balance, but with practice he improved considerably. We walked to the clown tunnel. He enjoyed knocking on things - metal, wood, anything that made a noise. He climbed into the tunnel, ducking his head. He played 'knock, knock, who's there?' He asked me if I'd like a cup of tea with sugar. He handed me a 'cup' and we sipped our tea."

Two months later she reported: "Johnny's walking has improved quite a bit. He hopped out of his chair after lunch and found his jacket without help. He wasn't hesitant at all when we walked back to the cottage. Usually he takes slow, tiny steps, but today he was walking at almost my regular pace."

Three months later a teacher took a group of children including Johnny on a field trip to a garden. She said in her report: "Johnny, Becky and Donica went farther down the rows and started pulling carrots. Many tops came off and Becky had some trouble distinguishing between carrot tops and weeds. Many of the carrots had to be dug out of the dirt. I was surprised and pleased to have Johnny participate so well in this 'dirty' activity. I think he was pleased with his accomplishments too."

At seven years six months Johnny was seen for re-evaluation at the University Medical School by a psychologist who said: "Johnny was given selected items from the Stanford-Binet Intelligence Scale. There were considerable variability in the difficulty level at which items were passed. He began to fail certain items at the four year level but continued to pass certain ones at the eight year level. At lower levels of difficulty he did not correctly complete comprehension two and three. Johnny's answers were concrete and reflected his personal experiences with the things asked about. For example, to the questions, 'What do we do with our ears? What do we do with our mouth?' he answered, 'We find them.' At higher levels of difficulty Johnny was successful in repeating five digits and in naming the days of the week. In general, tasks requiring rote learning or memory were done quite well, but tasks demanding verbal reasoning were done less well.

"Although it is difficult to determine a precise I.O. score due to the non-standard administration, the average of his functioning is at about the mid-five year level. This estimate is significantly above what would be expected based on the evaluation one year ago and suggests that progress in these areas may well have been made.

"His teacher interviewed him with the use of the Maxfield-Buchholz Scale of Social Maturity. The results on this test indicated that Johnny is functioning at about the mid-four year level. This estimate is also a bit above what would have been expected based on the 1966 evaluation. It does confirm the impression, however, that Johnny may be held back socially by his fear of new situations and activities since his social maturity on the scale is not as high as his intellectual development.

"It is not possible at this time to estimate the potential level of functioning for this child. The gains made in the past year appear encouraging. It would appear most beneficial for this child to experience desensitization of his fears of new activities. This will need to involve a good deal of encouragement and support as Johnny gradually approaches those things which make him apprehensive."

Two years and four months after entering school Johnny, aged eight years four months, was living in the dormitory with other children in the regular classes of the residential school. The teacher's report stated that he could travel about the school grounds independently, with verbal reminders at times. He had no trouble with steps or doors. He also seemed to enjoy quite long walks, running and turning forward rolls on the grass, looking at plants, and feeding the rabbits and chickens. He could write the braille alphabet and could read simple sentences in braille. The Montessori teacher said he could use correctly the didactic materials designed for tense training and for simple arithmetic. She felt he was ready to move on into a regular class at first grade level.

Johnny's dormitory counselor said he was eating most table foods, using spoon and fork. He now brushed his teeth without help, and washed and dressed himself. Assistance was needed now only in tying shoes and doing difficult snaps. He entered into active play with the other small boys in his unit. He climbed the ladder to the large slide and could come down in turn with other children. He was completely toilet trained.

Johnny's parents seemed to have grown in understanding that he was capable of doing many things, and as a result might become a responsible small boy. An indication of this was the fact that they had made arrangements for him to travel home for the weekend on the Greyhound bus. The school saw that he was on the afternoon bus, and the parents met him at the station some fifty miles distant.

Can Johnny catch up? Is it too late?

QUESTIONS

1. Could Johnny have profited at a much earlier age had the family been helped to use the services of a Family Counseling Agency?

2. Were there signs of readiness for learning basic skills that might have been recognized sooner?

3. How can written reports be improved to overcome overgeneralization and to include evidence of interpretation and specific treatment procedures?

"WHY DO THEY MAKE ME GROW UP?"

Holding on to the hand of his worried-looking mother, Ken, age 10, came hesitatingly into the second grade classroom at the end of September, 1963. The teacher introduced him to the other children. The classmates, having been prepared for his arrival, gathered about him and welcomed him. Meanwhile, the teacher spoke to the mother, Mrs. Lee, whose first comment was, "I sure hope Ken will be all right." She was reassured by the teacher that he would be, and she was invited to remain in the room. But Mrs. Lee thought it wiser to leave Ken at the start of the first day, and she left with a small smile and a goodbye to Ken. So began the first day for Ken, as described by the teacher.

Ken was shown his desk and the class day began. It was already the start of the fourth week of school and the other youngsters knew what to do. It appeared Ken did not want to do anything, so he was given a manipulative toy, but he just sat in his desk rather tensely. As the teacher walked about the room, helping the other pupils with their work, she spoke often to Ken and occasionally patted him on his shoulder as she passed his desk. Though he was shown the play table and the cupboard where many toys were kept, he took out no toy nor indicated interest in any. The teacher encouraged him to play with a toy, but Ken just sat with his head down on the play table, his hands reaching out at times to finger another child's toys. He was escorted around and was shown the bathroom, the drinking fountain, the playground, and the music rooms. According to the teacher he was "most reluctant to move and often protested loudly." At lunch he did go to the dining room and tasted some food. In the afternoon he was "more vehement" in his protests, yelled profanities, and at one point struck out at three students in the class. He was not made to do any work that first day, but the teacher remarked several times during the day, "Ken will begin doing work tomorrow." Although Ken would protest, "I don't want to...", "I hate school...", "Go jump in the lake...", and other such remarks, he was listening to what went on about him and he would add irrelevant comments to what the other children or the teacher said. When it was time to go home, Ken was told that he would have his own story book the next day and that there would be a special project the class was going to do. Mrs. Lee was at the door and she asked how things went. She, too, was told that "Ken would begin working from tomorrow" and that "today was a day Ken got acquainted with everyone and everything." Ken took his mother's hand and pulled toward the door in order to be on his way home.

This was the third school Ken had attended. In the local schools he had spent two years in the kindergarten, a year each in the first and second grades. He had started the third grade when he was accepted for a trial enrollment at a residential school. Reports in his files noted his having difficulties in the schools, with comments such as, "lacked motivation; had a passive-negative attitude, especially toward braille." Again it said, "Ken does not work up to grade level." His parents said they had applied to the residential school as a last resort. The school administrator decided that he should be placed in the second grade. It was felt that the informality of the classroom and the free atmosphere at this level would make fewer demands on him and would provide support in his new school experience. There were eleven other pupils in the class, nine of whom were totally blind, while six were multi-handicapped.

Ken was born in July, 1953, to parents who were born in the mid-south. When he was born, Ken had sisters who were 21, 19, and 17 years of age, and a brother 11 years of age. The father worked as a carpenter and the family lived in a suburban area within an hour's drive to the residential school.

Ken was blind from retrolental fibroplasia. As a result he was totally blind in the right eye and had only light perception in the left eye, according to his medical reports. His mother said that he liked to look directly into a lighted flashlight brought up to his left eye. The teacher also noted that when he was outside, he would turn his head to point his left eye toward the sun, and at Christmas time, he would bring a lighted tree bulb up to that eye. His medical report also noted petit mals epilepsy substantiated by an EEG. Mrs. Lee described these petit mals as "frozen looks" for a very short time. He was taking phenobarbital and dilatin as prescribed by the doctor. He had the childhood diseases of measles, chicken pox and mumps, and aside from being constipated often (as reported by his mother), Ken had no other physical disabilities.

Ken came to the residential school with adequate self-care skills. He ate with his fingers if allowed, but could use a spoon and fork. Bathroom needs were met independently with no difficulty. Except for tying his shoelaces, he could dress and undress himself, according to his mother, although she did say, "He dawdles and is very slow in doing anything." His teacher commented, "He always came to school appearing very neat and clean." His finger coordinations were good with "things he wanted to do", as voiced by the crafts teacher. When walking alone, he took steps forward with his left foot, then brought the right foot up near the left one.

On his second day at school, Ken showed a change in his behavior. Whenever he was angry or frustrated, he "cried" like a baby - no tears but with an accurate imitation of sounds. For example, when he was asked to go out for recess with the class, he gave this same type of cry.

While the other children studied, he was given a teacher-made book, his own story book. The first page contained only four sentences: "I am Ken Lee. I live in ________. I am ten years old. I go to the (name of the school)." The teacher helped Ken read these words several times. He was then asked to read it back to her, and he complied. When asked to find all the "I's", he was able to do so. Such effort was sincerely praised by the teacher and he was told that other pages like this would be added to his book. A Primer was given to him with the encouraging words that she would help him read it the same way.

Ken knew how to write on the braille writer so he first practiced his name; then was taught the word, "pocket". Several times during the morning he expressed the wish to bring his pocket flashlight to class. Mrs. Lee also had confided Ken's wish to the teacher but said she had not granted permission because he then would do nothing but play with the light. But the teacher told Ken that when he learned to write, "I want to bring my pocket flashlight to school", he could do so one day and show it to the class. Ken was able to write this sentence perfectly two days later.

One morning Mrs. Lee sent Ken with some gourds and big ears of corn so that he could "share". But he just gave these items to the teacher saying, "Here, you can show these to the kids." The teacher recorded that at first Ken "rarely communicated with the other children socially, but he would listen to their talking and make silly or profane remarks not intended for the hearing of others." At the play table he would knock toys over which the children were playing with, and he smiled or screamed at their frustrations. All the while his head would be down on the table, his hands reaching out stealthily. The teacher observed that he particularly "loved to tease" the one immature boy in class and make him yell.

One day he grabbed a peg board on which another child was working and threw it up in the air. Consequently he was required to pick up the pegs and on this occasion he really cried, with tears. He also wanted the teacher not to tell his mother of this incident. This assurance was given.

Little by little, Ken was put into the routine of the classroom. Very small bits of work were expected of him, such as reading a page or two at one sitting, or learning five spelling words per week, just enough for him to be aware that he had achieved something but easy enough to give him a feeling of success. He took a great deal of time to accomplish anything because he usually argued and protested with "why?", "I don't want to", "Why should I?" and other remarks.

By the end of the third week Ken had read one volume of the Primer. Admittedly, he had come knowing some braille, so it was not new to him. His own story book grew in the number of pages, with things he asked to have included. He had sentences about babies, about his trips, about trains, about the pocket flashlight which he brought to class one day, and about the special class activities. More often he knew the sentences by heart, but he liked to "read" these pages.

The class built a big play house with large building blocks in one corner of the room. Ken wanted to "play house" and be the baby. There-after, he often played inside that house, was always the baby, and he did nothing but "cry".

One boy in the class was a personable, hyperactive boy, Tim, who loved to tease Ken and who tried to relate to him. At first Ken seemed, to the teacher, to resent Tim and called him names, but it was noted that Ken directed many of his silly remarks either at Tim or to get a reaction from Tim. Mrs. Lee told the teacher that Ken spoke mainly of Tim at home. By the third month at school, Ken was heard to say to Tim, "You want to go home with me?" Mrs. Lee said she was well aware that the two boys would be quite a handful for her at times, but she felt Tim's company would be good for Ken, and Tim was invited to the Lee's on weekends.

From the first week of school for Ken, whenever he appeared to withdraw, the teacher would walk by him, pat him, and say, "Hi, Snickle-Fritz!" He would react in a very immature way, shaking both hands and legs like a baby and laughing. The teacher explained to him that it was just a nickname, a special name just between the two of them, and it was her way of saying, "I like you." This explanation was offered after he questioned the reason for being called "that". The name worked well whenever Ken would start to withdraw, for there were times when he would just sit at his desk with his fingers over his ears, making humming sounds to himself.

Ken often said to the teacher he did not want to grow up and that he wanted to be a baby. One of his sisters had a baby and "Ken was very jealous of the baby", according to Mrs. Lee. He would role-play as long as he could be the baby - a baby that screamed, baby-talked and cried. Ken was never punished or ridiculed for behaving so, and the other pupils accepted or ignored him.

As the weeks and the months passed, the teacher noted Ken becoming more cooperative and willing to participate. After the Christmas recess, he was happy to be back and said so. Another day he volunteered to sing, "The Chipmunk Song" with three other pupils, one of whom was Tim. When the school had an outdoor play day, Ken asked to take part and wanted turns to play the games. He began to initiate conversation with some of the pupils. The teacher noted he was "quite a teaser", and he picked on those who reacted loudly. Samples of his teasings were: "You wet your pants", "Your book's burned up", "I'm going to tell ________ on you", and so on. He did not like to get his hands "dirty", but by mid-year he voluntarily took out the clay and played with it.

During the year he went through the Primer, the First Reader and the Second Reader, level one. It is reported by the teacher that he never did any work voluntarily, did not like reading, and did not become a good reader. She also wrote that Ken did his spelling lessons well, his writing was quite good, but his number concepts were poor. In class discussions, or when the teacher read some lessons, he did not participate and his comprehension was poor. Furthermore, if he were asked a question or a problem which he could not answer immediately, he would make an absurd remark and wave his arms and legs.

During the last week of school, his mother brought him back after a day's absence. When the teacher sat talking to him at the play table, he suddenly went limp and started to fall off his chair. He was laid on the floor and he slowly began to respond to the teacher. Mrs. Lee was waiting in her car, so she was asked to take Ken home. She told the teacher that he was not taking his medication.

A private physician had prescribed medication for Ken's petit mals and Mrs. Lee had given him the drugs each morning before school. Then, for reasons unknown, Mrs. Lee began taking Ken to a chiropractor since the summer of 1964. The school nurse recorded that Ken was being given massages and exercises. Mrs. Lee said that she withdrew his medications because she felt "he could bring on the seizures himself when he didn't want to do things." In the following year's time, she reported that he had had four seizures and she had stopped a fifth one. A year later, he was put back on medications again.

Ken's psychological file was not available and the only information in his general file was that he was tested on June 1966 on the Wechsler Intelligence Scale for Children and earned a score of 62. That fall when a conference was held to determine his grade placement, all the teachers who taught him the three previous years felt that he had more ability than the score indicated.

In the five years since his entrance to the school in 1963, Ken had been in the second grade, the third grade, two years in the fourth grade, and the fifth grade. The report cards from these classes all show low grades in areas such as reading comprehension, social studies, and arithmetic. Notes such as "...a disturbed youngster", "does not pay attention", "very slow", are found in these reports.

From November 1964 Ken began staying in the dormitory. His mother had requested this move, saying that she had to spend about four hours a day just in transportation. At first, both parents called Ken on the telephone often and they came to see him during mid-week. These visits and calls made the adjustment to dorm life difficult for Ken, so a school administrator asked the parents to communicate with him only by mail from Monday until Friday, unless necessary to do otherwise. The reports from the dormitory indicated that he "showed more interest" from then on. In his four years in the dorm, neatness, cleanliness, and good self-care were checked by dorm personnel as Ken's strengths. His lower check marks were in areas involving participation in group activities and sociability.

Ken is now fifteen years old and going into the sixth grade in the fall. Because the class as a whole is doing work at a slow pace, and because Ken can receive some individual help, he is remaining in that class. He is seen by his first teacher as a handsome teenager with clear skin, usually walking in the halls alone, at times with a finger in one eye, but talking with another pupil who might be walking in the same direction as he.

QUESTIONS

1. What does a teacher do with a pupil like Ken who does not want to take part, responds only with individual attention, resists learning, but at the same time is believed by the teachers to be capable of achieving reasonably well in school?

2. Is the emotional disturbance the greater handicap in his case?

3. What kind of a school program and placement would be most beneficial to him?

4. Why was not therapy given him at an early age?

5. What additional information would be useful to the teacher?

6. From what sources might she obtain needed information?

7. Should she take the responsibility to seek additional information?

8. What obstacles does she encounter in obtaining information?

OBSERVATIONS AND IMPLICATIONS BASED ON 25 CASE STUDIES SUBMITTED TO THE INSTITUTE

It seems appropriate to list some observations and implications concerning both the work of the participants and the faculty and also relative to the experiences planned and administered. As in any project, certain of the activities were either slightly changed to meet situations not anticipated earlier, or they were in some cases added or deleted depending upon the interests and needs of the students.

The questions raised by the visiting lecturers and at times projects carried on in other classes on the campus made possible and desirable changes in the schedule.

The following statements are presented with the hope of pointing up some of the values, the concerns and the remaining questions as they relate to the work of the students and the procedures undertaken.

Observations relating to concerns and role of the teacher:

1. There are many dedicated, sincere adults striving to help multiple handicapped children and youth learn, grow, develop to reach their maximum potential. Generally they feel there is greater potential than is being reached if they could but find answers to their questions or if circumstances had been different for the child. Still, the unknown is not insurmountable and an optimistic note pervades.

2. Too often the teachers are left to plan for the child with inadequate information. (If we give the child to the teacher to teach, she needs the data to do her job well.)

3. Medical findings, recommendations, medical prescriptions administered or self-administered at school are not shared with the teachers. They should be kept informed so they are able to report to the parent and the medical personnel what effect, if any, medication has on the child while under the school's supervision. It should also be taken into account that reaction may not be stationary and avenues of communication should be open so changes may be noted for the welfare of the child.

4. There appears to be general agreement of the need for as much one-to-one student-teacher relationship as possible.

5. Teachers, as well as supervisory personnel, seem to evidence a lack of sophistication in skills of selecting, recording, evaluating and interpreting data about a child.

6. There appears to be a great desire on the part of teachers and others for in-service training and more education in their field and related fields to help them meet the present challenges. The participants in this institute were outstanding in this regard. They are to be commended for their seriousness of purpose, their contribution, and their spirit.

Observations relating to administrative responsibilities:

1. One of the most striking observations that could be made related to the fact that the responsibility for continuous evaluation of the child and the responsibility for communicating with significant professional personnel as well as integrating the data, simply was not identified.

2. There is some evidence of the practice that children must "fit into programs" rather than tailor-making programs to fit the needs of the children.

3. That the placement of deaf-blind, deaf-partially seeing, hard of hearing-low-vision children in an educational program is still fraught with many problems and indecision.

Observations related to specialists and handling of data:

1. Psychological reports frequently are not available to teachers, supervisors, or other school personnel. Confidentiality of records is often interpreted as not sharing any of the information. The psychologist may not interpret his data orally to significant personnel. He may transmit a total I.Q. score (Example: WISC score) and record it in the general file without qualifying remarks. Or, the only information may be, "Not testable." At times observed performance is reported relating it to I.Q. (If the psychologist remembers he should interpret his findings in terms that are meaningful and useful to each person in his particular role, he will be able to share his information.)

2. Poor communication between agencies and the various disciplines.

3. Loose use of terms descriptive of children are found in the records of professional workers.

4. Labeling of children by specialists. The bias of the specialist tends to be accepted as fact rather than taking into account the evaluation of the teachers who work with the child daily.

5. In our present society of specialists there appears to be a greater need for each specialist in a particular handicap to work more closely with other specialists in other handicaps.

Observations related to counseling content and procedures:

1. There appears to be a lack of an aggressive counseling relationship with parents giving specific guidance in relation to the child. In some instances counseling was present, of course.

2. Often little was known about the families and the stresses.

3. Assumptions may be made on the basis of limited or undocumented information. Action is then taken which changes the course of the life of the child.

4. Too few children are viewed and studied by all significant people and with a plan consciously made for the education of a child.

5. Need for on-going evaluation of child, program, placement, efficacy of educational methods and materials.

6. The connotation of the use of the term multiple handicap elicits a mental picture of the most severe physical and mental handicaps and that visible handicaps are somehow more "handicapping." What part does "degree" play in the definition? Has there developed a stereotype of a multiple handicapped child?

7. There appears to be a lag in up-dating diagnosis of child's physical functioning.

8. Commitment procedures in general for institutionalizing children appears to need studying and particularly the use of the I.Q. to prove mental retardation and the EEG to prove brain damage.

9. We seem to know the least about how to deal with multiple handicapped children who do not communicate verbally. This points up the need for differential diagnosis and experimental programs to develop language and meaningful interaction at the verbal level. The development of guidelines should be considered in an effort to systematically plan

sensory input for the multiple impaired blind child. Systematic study of the problem appears in order. Speech training could follow the normal developmental pattern.

10. **There appears to be a need for training personnel to meet the needs of the multiple handicapped child, particularly the physician, the psychologist and the teacher.**

SUMMARY AND RECOMMENDATIONS FOR FURTHER STUDY AND FOLLOW-UP

The three-week summer institute entitled, The Counseling Process and the Teacher of Multiple Handicapped Children provided material descriptive of blind children with multiple handicaps as well as services available to them. The focus of the institute was on the initial stages of the counseling process, that is, the data gathering and appraisal techniques. Participants were given experience in selecting, organizing, and evaluating data as a basis for understanding and planning for children.

Selecting participants with experience made possible the request to bring information about children with whom they had worked. Recognizing the confidentiality of the data, identifying information was disguised. Still, discussion and writing of the reports brought to light significant facts about children and their education.

The overwhelming evidence of the institute had implications for the teacher training programs and for the need of an aggressive, vigorous involvement in the counseling process.

Teachers in training profit not only in participating in the observation of children but in working with specialists. Children with complicated problems demand records from numerous sources. Teachers integrating data in the company of others is an invaluable learning experience that is a practical necessity. Studies should be made in training that would provide data from various sources. Evaluations should study implications for curriculum and prescriptive teaching methods as well as the implications for the role of the teacher as counselor.

We need to find more creative ways in finding information about children with multiple handicaps and then using it. Gaps in the history of children as well as the current status of the physical well-being of children with multiple handicaps have been apparent.

The need for a counselor to be involved in working with the multiply impaired children and the parents is urgent. More time needs to be spent in dealing with the function of the teacher's role in the counseling process.

Because of the involvement of specialists' skills needed to serve children with multiple handicaps, leadership and planning at the state and national levels appear to be urgent.

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APPENDIX A

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LIST OF WORK GROUPS

APPENDIX B

Group One

- Katherine Croke
- Evelyn Greenleaf
- Muriel Howard
- Ann King
- Marianna McClellan
- Margaret Stahl
- Marianna Turner

Group Two

- Sister Karen Abbott
- Penelope Broatch
- Donald Edwards
- Jerry Fields
- Marie Fricke
- Harold Hargrove
- Judith Humphreys
- Gisela Lanquist

Group Three

- Ethel Crumpton
- Douglas Evans
- Hazel Hargrove
- Laura Lasley
- Audrey Maki
- Mary Rigby
- Toshi Tekawa
- Dorothy Thompson

SCHEDULE

APPENDIX C

Tuesday, July 16:	1:30 P.M.	Arthur Parmelee, M. D., Pediatrician Department of Pediatrics School of Medicine Center for the Health Sciences U.C.L.A. Medical School Topic: "A Pediatrician Works With Families of Handicapped Children"
Wednesday, July 17:	1:30 P.M.	Louis Z. Cooper, M.D., Internist School of Medicine New York University Medical Center Topic: "Rubella Project at New York University Medical Center" (including slides concerning rubella children)
Friday, July 19:	1:30 P.M.	Marjorie Hayes, M. D., Practicing Child Psychiatrist, San Francisco Consultant to various clinics and hospitals in the Bay Area Topic: "Dynamics of the Family of Multiply Handicapped Children"
Monday, July 22:	9:30 A.M.	Dr. Stanford Lamb, Assistant Professor of Education, Dept. of Special Education, San Francisco State College Topic: "Evaluating Speech Development of Children" (Sharing reactions and taped TV sessions with two of the children)
Monday, July 22:	1:30 P.M.	Dr. Leon Lassers, Professor of Education, Dept. of Special Education, San Francisco State College Topic: "Problems in Assessing Speech Development of Seriously Handicapped Children" (sharing reactions through TV tapes of the two children)

APPENDIX C - (cont'd)

Tuesday, July 23:	9:30 A.M.	Mr. Cliff Hussey, Psychiatric Social Worker, Department of Mental Health, Berkeley, Calif. Topic: "The Role of the Psychiatric Social Worker in Relation to the Classroom Teacher"
Wednesday, July 24:	9:30 A.M.	Berthold Lowenfeld, Ph.D., Formerly Superintendent of California School for the Blind, Berkeley; Research Investigator, San Francisco State College Topic: "Report on Study of Visually Handicapped Children with Multiple Impairments in California"
Thursday, July 25	1:30 P.M.	Frank M. Hewett, Ph.D., Chairman, Area of Special Education, School of Education, U.C.L.A.; Head Neuropsychiatric Institute School, U.C.L.A. Topic: "Exceptional Children and the Engineered Classroom"
Tuesday, July 30:	9:30 A.M.	William C. Morse, Ph.D., Chairman Joint Doctoral Program in Education & Psychology, University of Michigan, Ann Arbor, Michigan Topic: "The Emotionally Handicapped Child in the Classroom"
Tuesday, July 30:	1:30 P.M.	Miss Josephine L. Taylor, Coordinator of Visually Handicapped, Dept. of Health, Education and Welfare, Washington, D. C. Topic: "The Facilities of the U. S. Office of Education in Programs Affecting Visually Impaired Children with Additional Handicaps"
Thursday, August 1:	9:30 A.M.	Miss Clarice Manshardt, Formerly Associate Professor of Education, California State College at Los Angeles Topic: "Administrative Planning for Multiply Impaired Children"

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Summer 1968
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